

ZONING PERMIT APPLICATION

TOWN OF BLACKSBURG

If you are uncertain of any information that is required, you may ask for assistance at the front desk.

Date of Application: _____

Name of Applicant (Agent or Owner): _____

Phone: _____ Fax: _____

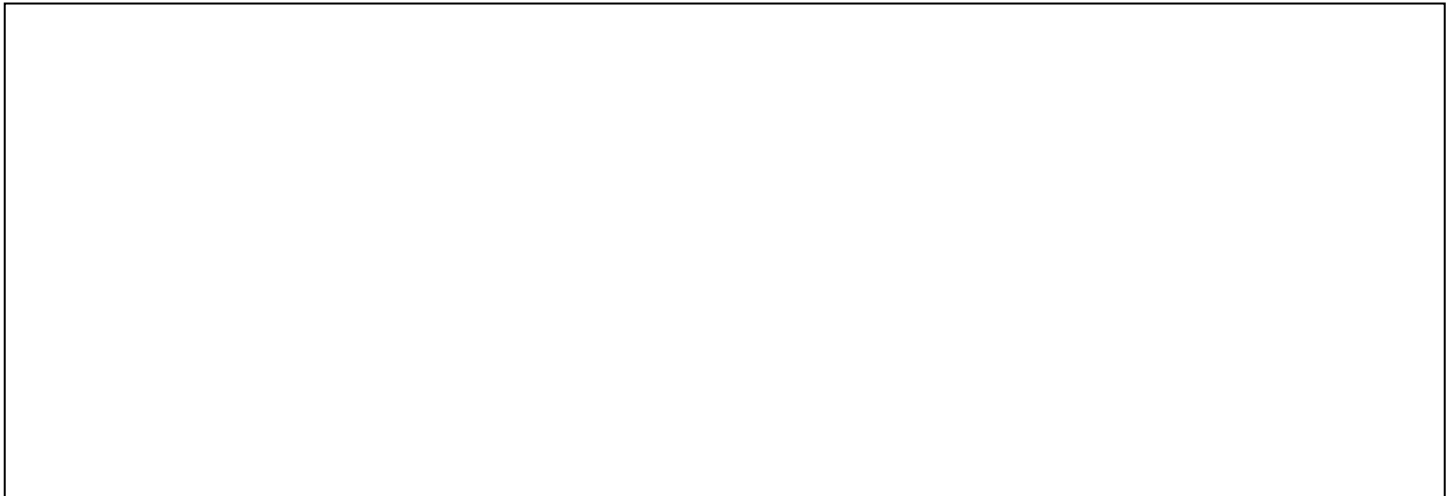
Project Address: _____ Zoned As: _____

Property Owner: _____ Address: _____

Phone: _____ Fax: _____

Brief description of Work to be done: (Installation of Fence, Installation of Dumpster, Trash Corral, Other):

Sketch of proposed project **must** accompany application form. Attach any plans or drawings to this application form or use the space provided below to draw proposed project complete with dimensions and placement on building/lot.



****CALL BEFORE YOU DIG –“MISS UTILITY” – 800/552-7001****

Signature of Applicant

Date

Review By

Date